

ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
State Assurance Fund
DIRECT PAYMENT REQUEST
DP-3: Cost Work Sheet

EACH COST ITEM SUBMITTED BELOW MUST INCLUDE COMPLETE INFORMATION FOR ALL REQUIRED COLUMNS.

(A) LUST Number: _____ **(B) Applicant Name:** _____

(A) LUST Number:	(B) Applicant Name:	(C) Preapproval Cost Schedule:
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[illegible]
